PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number 38 1 FA/5035

·1/a

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												THAN
			(Column 1)		(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			9					RATE	FEE		RATE	FEE
FOR			NUMBER F	ILED	NUMBI	ER EXTRA	В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			# minus 20= *		* <i>Q</i>			X\$ 9=		OR	X\$18=	0
INDEPENDENT CLAIMS			minus 3 =		* 0			X40=		OR	X80=	Ω
ΜU	LTIPLE DEPEN	DENT CLAIM PI	RESENT			<u>D</u>		+135=		OR	+270= 5	290
* If	the difference	in column 1 is	less than zer	o, ente	r "0" in c	olumn 2	_	TOTAL			TOTAL	0.00
	C	I AIMO AO A	MENDED - PART II					ا ۱۳۰۲		JON	OTHER	THAN
	O.	(Column 1)	MENDED	(Column 2) (Column 3				SMALL E	NTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 9	Minus	** C	30			X\$ 9 ≂ <		OR	X\$18=	
AME	Independent	· 2	Minus	***	3	=		X40=		ØŔ	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	TCLAIM		J	+135=		OR-	_+ 27 0=	
							L	TOTAL			TOTAL	
			DOIT. FEE		OR	ADDIT. FEE						
_		(Column 1)			mn 2) HEST	(Column 3)	1 —					
AMENDMENT B		REMAINING		NUM	1BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AFTER AMENDMENT		PREVIO PAID		EXTRA	naic	DATE	FEE		naic	FEE
	Total	* 9	Minus	** 6	30			X\$ 9=		OR.	X\$18=	
	Independent	· 2	Minus	***	3			X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDEN	T CLAIM		J -	+135=		OR	+270=	
							L	TOTAL DDIT, FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		JUII. FEE			ADDIT. I EL	
		CLAIMS			HËST		1 -		ADDI			ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		5		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u>-</u>		X40=			X80=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDEN] -	740=		OR		
					- "O" !-			+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		imber Previously P nber Previously Pa					er foun	d in the app	ropriate box	in co	lumn 1.	